following the injection. In some patients profuse sweating, and in others marked debility have occurred. In certain cases anesthesia was not produced by the operation, therefore great caution in the use of this method should be exercised.

JELLIFFE.

ETUDE SUR L'OPHTHALMOPLEGIE CONGENITALE (Opthalmoplegie Complex. (Study of Congenital Opthalmoplegia). Cabannès and B. V. Barneff (Nouvelle Iconographie de la Salpêtrière, 13th Year, No. 6, p. 615).

From a clinical point of view congenital paralyses of the ocular muscles can be divided into, (a) Isolated paralyses; (b) associated paralyses; (c) complex paralyses. Under (a) are included congenital ptosis, congenital strabismus; under (b) combined paralysis of the levator and superior rectus, internal rectus of one side, external rectus of the other; congenital ptosis associated with abnormal movement in opening the jaw where the eyelid tends to become elevated; under (c) formed by the union of the following: ptosis, paralysis of the superior rectus, paralysis or paresis of the internal, external, or inferior recti, paralysis or paresis of the oblique (rare), with integrity of the internal eye muscles (sphincter of the pupil and ciliary muscle). These latter can be designated as complex paralyses. The case: Infant 28 months; no syphilis, or neuropathic history in parents. The child was born normal, but the eyes remained closed for fifteen days after birth, when the eyelids began to move automatically. It seemed even then that one of the eyelids was raised sooner than the other. At 19 months the parents noticed the immobility of the eyeballs. Vision was normal. At the age of 3 years the condition was found to be the same; mobility of the eyes and the lids did not appear to be improved. An analysis of the forty cases found in literature is added by the authors. The pathology of congenital ophthalmoplegia is yet unsettled on account of the rarity of postmortems on these cases. There are in the main two theories, the nervous and the muscular. The former teaches that there is a faulty development of the bulbar nuclei which preside over the motor nerves of the eye; the latter teaches that the seat of the process is in the muscles themselves. The authors believe in conclusion that a rarer form of congenital ophthalmoplegia exists of which this case is a type, and they give it the name of complex ophthalmoplegia (Ophthalmoplegie complexe).

SCHWAB.

HYPERTROPHIE OSSEUSE DANS UN CAS D'HEMIPLEGIE INFANTILE AVEC ATHETOSE-CHOREE (Bony hypertrophy in a case of infantile hemiplegia with athetosis-chorea). Lannois et Fayolle (Lyon médical, Nov. 18, 1900).

The introduction of radiography has enabled the authors to demonstrate the rare condition of bony hypertrophy in case of hemiathetosis due to cerebral apoplexy in infancy. A case had already been reported by Lannois in 1898, because one of the breasts had undergone hypertrophy. At that time it was stated that the pareto-athetotic muscles had undergone hypertrophy. The authors' case already alluded to, together with a hemiathetotic epileptic, were selected for radiographic measurement. Both these cases had distinct muscular hypertrophy, but radiography failed to reveal any corresponding changes in the bones. In a third case of the same nature, however, not only the muscles, but the bones were hypertrophic. The wrist of the athetotic side measured 16 cm. to 15 cm. on the sound side. Mensuration was confirmed by the radiographic test. Not only the bones of the carpus but the lower ends of the radius and ulna were distinctly enlarged. The patient had ordinary infantile cerebral hemiplegia of the face and limbs, followed by athetoso-chorea. The affection was due to hard labor and obstetrical intervention.

The authors' conclusions are: This phenomenon may possibly be due to the athetotic movements. But why then does it not always occur along with the muscular hypertrophy? Excessive use, besides, does not explain the hypertrophy of the breast in one of the cases, nor the enlargement of the testicle of the paralytic side in a case of Bourneville's. The cause must be trophic. CLARK.

ZWEI BEMERKENSWERTHE FÄLLE VON ERKRANKUNG DER NERVEN AUS DEM PLEXUS SACROLUMBALIS (Two unusual Cases of Disease of the Sacrolumbar Plexus). F. Hartman (Jahrbücher für Psychiatrie und Neurologie, 19th Vol., 1900, p. 471).

Case I. An injury to the nerve plexus of the lower extremity by means of a stab wound through the ischiaticuu majus without other serious injury to the pelvic organs. There resulted from this a total paralysis of the left leg, with corresponding loss of sensation. The total paralysis indicated a lesion of the ischiatic, crural, and obturator nerves. In studies upon the cadaver it is apparent that the lesion must have been in the region where the roots of the ischiatic come together, that is in the sacral plexus in the region where the fibers which go to make up the ischiatic are situated. The third and fourth sacral roots escaped. The obturator in its course through the pelvis and the crural, to the linea innominata, are injured, and by the same mechanical lesion the muscle iliopsoas, the glutei and pyriform. Diagnosis: Neuritis of the ischiatic, obturator and crural nerves.

Case II. A man 50 years old, noticed for the past year a small spot on the thigh which felt dead, no pain. Shortly after this continuous pain in this region was felt, as also in the small of the back, on slight exertion. Decrease in size of the left upper leg. Cremaster reflex right lively, left absent. Gluteal reflex present. Patellar reflex right slightly increased, left absent. The extensors of the knee joint are paretic. Flexion of the hip joint weaker than normal. Abduction of the leg normal. Adduction weak. Rotation not changed. Electrical examination shows moderate R. D. In this case there is a group of symptoms which results from some injury of the territory supplied by the crural, obturator and external spermatic nerves. The seat of the disease is taken to be in the lower plexus, the first four roots being involved. Iliopsoas, sartorius, and abdominal muscles (I and II), quadriceps, adductors, pronators (III and IV), cremaster reflex (I-III), plantar reflex (II-IV), skin over pubes, anterior aspect of scrotum (II-IV), external side of the hip (II), anterior and inner side of the hip (III), inside of foot (IV). A condition of degenerative neuritis was present in this case, the possible etiological factors being diabetes and alcohol, though the strictly unilateral distribution of the process would not favor either of these assumptions.

SCHWAB.

KLINISCHE UND PATHOLOGISCH-ANATOMISCHE UNTERSUCHUNGEN ÜBER DIE UNCOMPLICIRTEN, TRAUMATISCHEN RÜCKENMARKSERKRANKUNGEN (Clinical and Anatomico-pathological Investigations on